CALIFORNIA FORM

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

COVER PAGE

2018 MAR 27 PM 1:51

Please type or print in ink.		TO TO THE E	/ FA 1:51
NAME OF FILER (LAST)	(FIRST)	PRET BUTT	(MIDDLE)
ORTIZ	DAVID	1.50 to 1.50 t	(MIDDLE)
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			<u> </u>
Depart of Conservation	h		
Division, Board, Department, District, if applicable	_	Your Position	
Div. of Oil Gas bes	thermal Re	sources Assoc.	Oil & Gas Eng
► If filing for multiple positions, list below or on an att			0
Thing for manaple positions, not below of on an an	adimona (Bo not doo do)	onymoj	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one b	ox)		
∡X State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County	•	County of	
City of		Other	
3. Type of Statement (Check at least one box)	8		
Annual: The period covered is January 1, 2 017,	through	Leaving Office: Date Left	<u> </u>
December 31, 2017: 20/8		(Check one)	
The period covered is/	, through	 The period covered is January leaving office. 	y 1, 2017, through the date of
December 31, 2017.		-or-	
Assuming Office: Date assumed/		 The period covered is the date of leaving office. 	/, through
		-	
Candidate: Date of Election	_ and office sought, if di	frerent than Part 1:	
4. Schedule Summary (must complete)	► Total number of	pages including this cover pa	ge:
Schedules attached	\ \	,	300
			5 44
Schedule A-1 - Investments – schedule attach		hedule C - Income, Loans, & Business	
 Schedule A-2 - Investments – schedule attach Schedule B - Real Property – schedule attach 		hedule D - Income – Gifts – schedule hedule E - Income – Gifts – Travel Pa	
-Or-		nedule L - Income - Onto - Haver Fa	yments - scriedule attached
☐ None - No reportable interests on any s	schedule		
	ionodalo		
5. Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)		SIMIE	4
1000 S. Hill Rd., Ste. 116	Ventura	CA	93003
DAYTIME TELEPHONE NUMBER (84) 465-9636		AIL ADDRESS	1
		4VID. ORTIZE Conse	
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com			owledge the information contained
I certify under penalty of perjury under the laws o		·	
Date Signed 3/23/20/8	Signa	ture / a C	The
(month, day, year)	- 9	(File the originally signed statem	nent with your filing official.)

FPPC Form 700 (2017/2018)

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FO	DRM 700
FAIR POLITICAL PRAC	rices commission
Name	

NAME OF BUSINESS ENTITY COMPRE	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Mutual Fund (att) FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	Mutual Frand (BTG) FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	# \$100,001 - \$1,000,000
NATURE OF INVESTMENT Other Other Opescribe Describe Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: 15 APPLICABLE, LIST DATE: 16 APPLICABLE, LIST DATE: 17 ACQUIRED DISPOSED	IF APPLICABLE, LIST DATE: ACQUIRED ACQUIRED ACQUIRED ACQUIRED
NAME OF BUSINESS ENTITY SUBSCIPTION OF THIS BUSINESS	NAME OF BUSINESS ENTITY SEMBOL GENERAL DESCRIPTION OF THIS BUSINESS
Mufus Find (ETF) FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: A A A A A A A A A A A A A A A A A A A	IF APPLICABLE, LIST DATE: 17
NAME OF BUSINESS ENTITY SYMBOL PGF	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Mater Equal (ETF) FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Qver \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: 17 17 ACQUIRED DISPOSED	IF APPLICABLE, LIST DATE:
Comments:	4